

<b>Case Number:</b>	CM14-0199695		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Florida, Ohio

Certification(s)/Specialty: Surgery, Surgical Critical Care

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on 1-18-13. The injured worker was diagnosed as having scoliosis, idiopathic; spinal stenosis of the lumbar region; degeneration of thoracic or thoracolumbar intervertebral. Treatment to date has included physical therapy; caudal epidural injection; Facet lumbar injection bilaterally at L2-3, L3-4, L4-5, L5-S1 (10-18-13); medications. Diagnostics studies included MRI lumbar spine (4-22-13). Currently, the PR-2 notes dated 10-6-14 indicated the injured worker complains of persistent severe mechanical low back pain and radiating leg pain. He reports that the pain limits him from standing and doing many of his activities not only at work but activities of daily living. The provider documents "We have reluctantly requested surgery for degenerative lumbar scoliosis associated with spinal stenosis from L1 to S1 and we have documented that this is a failure of conservative and nonsurgical management to resolve progressive non-intractable low back pain and radiating pain." These notes by the provider are the result of a denial letter dated 10-2-14. The provider notes the review stated that fusion should not be considered from the first six months, which he now has complied with and does note there is no neurological loss. He goes on to document, "We have noted that there is not a significant failure of the marrow arch, however, we have objectively demonstrated relative segmental instability with rotary scoliosis noted at the L2-L3 and L3-L4 that there is a loss of normal spinal alignment due to scoliosis." The provider relates that the injured worker's symptoms have progressed and he is more limited to perform activities of daily living including personal hygiene for himself, bathing etc. due to significant back pain preventing him from standing or walking for long periods of time. On physical examination the provider notes the injured worker has a more stooped posture with

range of motion of the lumbar spine more significantly guarded. He has tenderness in the lumbosacral junction with mild waist asymmetry. The provider documents the injured worker has no nerve tension signs and in general he has good strength at the ankle and knee extensor with no objective sensory deficits. His deep tendon reflexes are symmetric and have been of the lower extremities. The provider documents MRI of the lumbar spine from 4-22-13 revealed evidence of lumbar spine stenosis and would benefit from a more recent study. His examination and notes have remained unchanged since at least 8-25-14 visit note. A Request for Authorization is dated 11-24-14. A Utilization Review letter is dated 11-3-14 and non-certification was for an Anterior Lumbar Interbody Fusion of L1-5 with Posterior Fixation in a Staged. Utilization Review non-certified the service due to the medical necessity of the requested surgery has not been established. The provider is requesting authorization of an Anterior Lumbar Interbody Fusion of L1-5 with Posterior Fixation in a Staged.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **ANTERIOR LUMBAR INTERBODY FUSION OF L1-5 WITH POSTERIOR FIXATION IN A STAGED: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Low Back-Lumbar & Thoracic Fusion (spinal), Indications for surgery- Discectomy/laminectomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Fusion (spinal).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a spinal fusion for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The Occupational Disability Guidelines (ODG) state that spinal fusions are: "Recommended as an option for spondylolisthesis, unstable fracture, dislocation, acute spinal cord injury with post-traumatic instability, spinal infections with resultant instability, scoliosis, Scheuermann's kyphosis, or tumors. They are not recommended in workers compensation patients for degenerative disc disease (DDD), disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or nonspecific low back pain, due to lack of evidence or risk exceeding benefit." This patient has had imaging which demonstrate multilevel degenerative disease without neurologic compromise. Per ODG, "Spine fusion should be performed at one or two levels." He has also not been clearly documented to have sensorimotor deficits and positive provocative tests. Submitted medical records do not demonstrate any acute fractures or true (not segmental) spinal instability, which would warrant multilevel spinal fusion. Therefore, based on the submitted medical documentation, the request for anterior lumbar interbody fusion of L1-5 with posterior fixation in a staged repair is not medically necessary.